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DTC: Getting Started

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This presentation is based on the Training Course developed by MSH (RPM Plus) in collaboration with WHO in 2001 and revised in 2007.



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- The way to get started depends on local circumstances
- DTCs have to deal with many issues but cannot do everything all at once
- It is important to concentrate on only 1-2 issues at a time, especially at the beginning
- The first step is for YOU to realize that there is a problem and that the DTC can provide a framework for solutions
- Thereafter, you must convince others of the need to address the problem and work with them on solutions



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Groundwork

Build evidence for advocacy by determining:

- Whether data on medicine use is available. If so, collect it.
- Whether senior health staff think medicine use problems exist. If so:
 - What kind of problems?
 - How serious are they?
 - How can the most serious problems be addressed?
- Document what they say.



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Building Advocacy

- Share the findings of your initial groundwork with the most senior medical staff/authority
- Present any useful data and discuss how it might negatively affect patient outcome or increase hospital budget
- Plan a course of action with the senior medical staff/authority
- Meet all senior health staff to discuss medicine use problems
 - Present your groundwork findings
 - Present medicine use data



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Building Consensus

Emphasize during the presentation:

- Benefits in terms of better health care and reduced costs
- Need for time and resources to achieve an improved result
- Need for a sustainable mechanism to conduct such work and how a DTC could provide this.



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Summary

In conclusion, getting a DTC started and making it functional requires a strategy based on:

- Local conditions
- Local data
- Starting small and then scaling up
- Choosing a problem that can easily be addressed
- Transparent decision making
- Political and administrative support